

<b>Case Number:</b>	CM15-0055927		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	04/01/2012
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: District of Columbia, Virginia  
 Certification(s)/Specialty: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 63-year-old male, who sustained an industrial injury on 04/01/2012. He reported a lifting type injury with repetitive and progressive symptoms including pain to the neck and low back. Diagnoses include bilateral knee medial meniscal tear, lumbar disc protrusion, and cervical disc protrusion and muscle spasms. Treatments to date include medication therapy and cervical epidural. Currently, they complained low back pain, cervical pain and bilateral knee pain. On 1/6/15, the physical examination documented decreased range of motion with muscle spasms noted in cervical and lumbar spine. The plan of care included urinalysis for toxicology.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Urinalysis for Toxicology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Criteria for Use; Steps to Avoid Misuse/Addiction Page(s): 77-78, 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792 Page(s): 43.

**Decision rationale:** Per MTUS: Drug testing; Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence& addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse / addiction. Per review of the medical documentation provided, it is not clear why patient would require drug screening. The patient had no known issues of drug abuse. More frequent drug testing would not be indicated as per guidelines cited above. The treatment is not medically necessary.